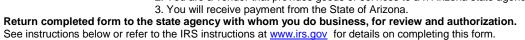
## State of Arizona Substitute W-9 & Vendor Authorization Form



Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certification and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if 1. You are a U.S. person (including a resident alien);

2. You are a vendor that provides goods or services to a n Arizona state agency; AND





•	Type of Request	(Must sele	ct at leas New Lo	,		Select the type		Tax ID	Legal Nam	e 🗖 Entity T	уре 🗀	Minority Bu	usiness Indicator	
0	O New Request O (Additional Mail Code) Change from the following: Main Address Remittance Address Contact Information													
•	Taxpayer Identif	ication Nun	nber (TIN	) (Provide C	NE Only)									
	al Security Numb			-	-				cation Number			-		
Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual OR Sole Proprietorship enter First, Middle, Last Name.)														
Leg	al Name*													
•	Entity Type Mus	t select one	of the fo	llowing (Cod	ing (X#) is fo	or internal pu	ırposes oı	nly)			_			
0	Individual/Sole Propi	ietor or Sole P	roprietor or	ganized as LLC,	PLLC (61)	O State	of Arizona	employe	e (1E) <b>ST</b>	ATE HRIS EIN				
0	O Corporation NOT providing health care, medical or legal services (5A) ULC, PLLC organized as corporation NOT providing health care medical or legal services (5A)													
0	O Corporation providing health care, medical or legal services (5M) O LLC, PLLC organized as corporation providing health care medical or legal services (5M)													
0	O Partnership, LLP or Partnership organized as LLC or PLLC (5C) O A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)													
O An international organization or any of its agencies/instrumentalities (5U) O Other: Tax Reportable Entity (5P)														
0	The US or any or its						: Tax Exem		(5H)	Jonption				
Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)      Small Business (01)      Small Business (01)      Minority Curred Business (01)      Minority Curred Business (01)														
O Small Business (01) O Small, Woman Owned Business- Hispanic (31) O Minority Owned Business- African American (04) O Small Business- African American (23) O Small, Woman Owned Business- Native American (33) O Minority Owned Business- Asian (32)														
	O Small Business- Asian (24) O Small, Woman Owned Business- Other Minority (11) O Minority Owned Business- Hispanic (74)													
	Small Business- Hisp Small Business- Nat		(27)			ed Business ed Business-		nerican		linority Owned E linority Owned E				
0.5	Small Business- Oth	er Minority (0	05)	0	Woman Own	ed Business-	Asian (18	3)	0 N	Ion-Profit, IRC §	501(c)	(88)	, , ,	
	Small, Woman Owne Small, Woman Owned					ed Business- led Business-				lon-Small, Non-Mir Jusiness (00)	nority or N	on-Woman Ov	wned	
	Small, Woman Owne			, ,		ed Business-		,	,	ndividual, Non-B	Business	(00)		
0 1	<b>Main Address</b> W	here tax infor	mation and	d general corres	pondence is t	o be mailed	O Ren	nittance	e Address Whe	ere payment is to	o be mai	iled 🗖 S	Same as Main	
DBA	/Branch/Location						DBA/Bra	nch/Loca	ation					
Addr	Address Address													
City			State	Zi	p code		City			State		Zip code		
• V	endor Contact In	formation												
Name Title														
Phor	ne#	Е	xt.	Fax	(		Email							
Certification														
1. Under Penalties of perjury, I certify that:														
2. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a														
result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND														
3. I am a U.S. person (including U.S. resident alien). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and														
dividends on you tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt contributions to an														
individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.  The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.														
	nature					Title				Dat				
STATE OF ARIZONA AGENCY USE ONLY – Agency Authorization VENDOR: DO NOT WRITE BELOW THIS LINE														
	HRIS EIN		-	int Name			9	Signature						
AGY		Title		•	Phone #			Email				Date		
STATE OF ARIZONA GAO USE ONLY  VENDOR & STATE AGNECY: DO NOT WRITE BELOW THIS LINE													LOW THIS LINE	
	RS TIN Matching	☐ Corporation	on Commis	sion Ve	ndorNumber				Processed by			Date Processed		
□⊦	IRIS 🗖 GAO-03	☐ Other												